

PART B - FEE(S) TRANSMITTAL

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22888 7590 11/13/2007

BEVER, HOFFMAN & HARMS, LLP
 TRI-VALLEY OFFICE
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 LIVERMORE, CA 94550

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(Depositor's name)

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(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/660,222 | 09/10/2003 | Gelu Voicu | CAT-12502-1 | 7704 |

TITLE OF INVENTION:

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$720 | \$300 | \$1020 | 02/13/2008 |
| EXAMINER | ART UNIT | | CLASS-SUBCLASS | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

Change of correspondence address (or Change of Correspondence Address form PTO/SH/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Bever, Hoffman & Harms, LLP

2. E. Eric Hoffman, Esq.

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CATALYST SEMICONDUCTOR, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

SANTA CLARA, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies

A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0574 (enclose an extra copy of this form).

5. Change In Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature E. Eric Hoffman #38186/

Date December 3, 2007

Typed or printed name E. ERIC HOFFMAN

Registration No. 38,186

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